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AMENDMENT TRANSMITTAL LETTER

Docket No.
09879-00033-US

Application No.
10/627,256-Conf. #4185

Filing Date
July 24, 2003

Examiner
D. R. Rao

Art Unit
1624

Applicant(s): Michael G. Hoffman et al.

Invention: 4-TRIFLUOROMETHYLPYRAZOLYL-SUBSTITUTED PYRIDINES AND PYRIMIDINES

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	14	- 20 =	0	x 50.00	0.00
Independent Claims	1	- 3 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

☒ Large Entity

☐ Small Entity

☐ No additional fee is required for this amendment.

☒ Please charge Deposit Account No. 03-2775 in the amount of \$ 250.00.
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 03-2775
as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

William E. McShane

Dated: March 14, 2007

William E. McShane
Attorney/Agent Reg. No.: 32,707

CONNOLLY BOVE LODGE & HUTZ LLP
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2006		Application Number	10/627,256 – Conf.#4185
		Filing Date	July 24, 2003
		First Named Inventor	Michael G. Hoffman et al.
		Examiner Name	D. R. Rao
		Art Unit	1624
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	09879-00033-US
TOTAL AMOUNT OF PAYMENT		(\$)	250.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 03-2775 Deposit Account Name: Connolly Bove Lodge & Hutz LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
14	- 20 = 0	x 0 =	0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
1	- 3 = 0	x \$200 =	0

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

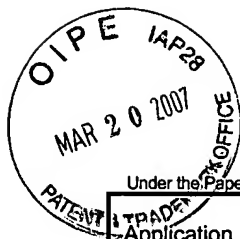
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50	(round up to a whole number) x	

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1251 Extension Fee – One Month	\$120.00
1814 Terminal Disclaimer Fee	\$130.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	32,707
Name (Print/Type)	William E. McShane	Telephone	(302) 658-9141
		Date	March 14, 2007

(527100)



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Application No. (if known): 10/627,256

Attorney Docket No.: 09879-00033-US

Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

MS Amendment
Commissioner for Patents
P.O. Box 1450
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on March 14, 2007
Date

Signature

Barbara J. Miller

Typed or printed name of person signing Certificate

Registration Number, if applicable

(302) 658-9141
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Amendment Transmittal (1 page)
Response to Non-Final Office Action (5 pages)
Fee Transmittal (1 page)
Terminal Disclaimer (1 page)
Request for One Month Extension of Time (1 page)
Declaration of Dr. Martin Hills (4 pages)
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